



Never Again

Today marks three years since the World Health Organization (WHO) first characterised COVID-19 as a pandemic. In that time, we have seen extraordinary feats of scientific innovation and an enormous mobilisation of public resources to develop effective vaccines, tests, and treatments. But we have also seen a global response held back by profiteering and nationalism.

We are hopeful that an end to the acute stage of the COVID-19 pandemic may be in sight.¹ Thus, the world is at a critical juncture. Decisions made now will determine how the world prepares for and responds to future global health crises. World leaders must reflect on mistakes made in responding to the COVID-19 pandemic so that they are never repeated.

There are decades of publicly funded research behind COVID-19 vaccines, treatments, and tests. Governments have poured taxpayer money by the billions into research, development, and advance orders, reducing the risks for pharmaceutical companies.² **These are the people's vaccines, the people's tests, and the people's treatments.**

Yet, a handful of pharmaceutical companies has been allowed to exploit these public goods to fuel extraordinary profits, increasing prices in the Global North while refusing to share technology and knowledge with capable researchers and producers in the Global South.

Instead of rolling out vaccines, tests, and treatments based on need, pharmaceutical companies maximized their profits by selling doses first to the richest countries with the deepest pockets. Billions of people in low and middle-income countries, including frontline workers and the clinically vulnerable, were sent to the back of the line.

Had governments listened to the science and shared vaccines equitably with the world, it is estimated that at least 1.3 million lives could have been saved in the first year of the vaccine rollout alone, or **one preventable death every 24 seconds.**³ That those lives were not saved is a scar on the world's conscience.

Even today, as we enter the fourth year of the COVID-19 pandemic, many developing countries cannot access affordable treatments or tests. And, like so many other disasters, poor women, people of colour, and people in low- and middle-income countries carry the

¹ Statement on the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic, January 2023: [https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

² Oxfam, A shot at recovery, 2022: <https://www.oxfam.org/en/research/shot-recovery>
Angelis A, Suarez Alonso C, Kyriopoulos I, Mossialos E. Funding Sources of Therapeutic and Vaccine Clinical Trials for COVID-19 vs Non-COVID-19 Indications, 2020-2021. *JAMA Netw Open*, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795180>
US National Institutes of Health, Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC), 2022, <https://report.nih.gov/funding/categorical-spending/>

³ According to a study published in Nature (Moore et al, 2022), an estimated 1.3 million fewer people would have died if COVID-19 vaccines were distributed equitably in 2021: <https://www.nature.com/articles/s41591-022-02064-y>



main burden of the impact of COVID-19. As UNCTAD has warned, COVID-19 could set back the fight for gender equality by four decades.⁴

The tragedy of this pandemic is made all the greater because this inequity was preventable and the scale of the impacts of COVID-19 could have been greatly reduced. **We have been here before.** At the height of the HIV/AIDS pandemic, millions died as expensive, patented treatments were unaffordable for much of the world.

As the world pauses to remember the lives and livelihoods lost to three years of COVID-19, we ask world leaders to pledge – “*never again.*”

Never again will the lives of people in wealthy countries be prioritised over the lives of people in the Global South. Never again will publicly funded science be locked behind private monopolies. Never again will a company’s desire to make extraordinary profits come before the needs of humanity.

Yet we do have the tools needed to plan an equitable response to the next global health crisis; including by supporting low- and middle-income countries to host research and development hubs and to manufacture vaccines, tests, and treatments. Commitment from world leaders now can prevent a repetition of the pain and horror of the COVID-19 and HIV and AIDS pandemics.

We call on world leaders to take four urgent steps:

- 1. Support a Pandemic Accord** at the WHO that embeds equity and human rights in pandemic preparedness and response. To do so, it must commit governments to waive relevant intellectual property rules automatically and ensure the sharing of medical technology and knowledge when a Public Health Emergency of International Concern is declared.
- 2. Invest in scientific innovation and manufacturing capacity in the Global South** through projects like the mRNA Technology Transfer Hub established by WHO and partners. Governments, companies, and international institutions should provide political, financial, and technical support to these initiatives to maximise production and supply for all.
- 3. Invest in global common goods.** Public funding delivered miracles in the COVID-19 pandemic. But publicly financed medical innovations should be used to maximise the public benefit, not private profits. They should not be locked behind patents. All governments should invest more in public research and development, and place strict requirements for publicly funded medical technologies developing from that investment to be affordable and accessible to everyone, everywhere.
- 4. Remove the intellectual property barriers that prevent knowledge and technology sharing.** Governments at the World Trade Organization (WTO) took too long and did too little to address this barrier for COVID-19 vaccines. WTO members should move to approve an intellectual property waiver for COVID-19-related vaccines

⁴ United Nations Conference on Trade and Development, 2021: <https://unctad.org/news/covid-19-threatens-four-lost-decades-gender-equality>



and extend that decision to cover COVID-19 tests and treatments. That would dramatically improve access to all these lifesaving products. Developing countries should exercise their rights to use the full flexibilities of the TRIPS agreement to protect public health.

These actions should be a priority for the G20 and G7, at this historic moment for Global South leadership with the G20 Presidency passing from Indonesia to India, and then to Brazil and South Africa.

With these actions, world leaders can begin to fix the structural problems in global health that have held back the response to COVID-19, HIV and AIDS, and other diseases. It is time to embed justice, equity, and human rights in pandemic preparedness and response. Only then can we truly turn the page on this chapter of history and say, “*never again.*”

Signed,

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